

## General

### Title

Health insurance coverage: percentage of children who do not meet the criteria for having adequate insurance for optimal health.

### Source(s)

2011/12 National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2012. 126 p.

## Measure Domain

### Primary Measure Domain

Population Health Quality Measures: Population Access

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of children who do not meet the criteria for having adequate insurance for optimal health, based on parents' response to the following items on the 2011-12 National Survey of Children's Health (NSCH):

K3Q20: Does [child]'s health insurance offer benefits or cover services that meet (his/her) needs?

Response choices for the above question are "Never," "Sometimes," "Usually," "Always," "Don't know," and "Refused."

K3Q21a: Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [child]'s health care?

Response choices for the above question are "Yes," "No," "Don't know," and "Refused."

K3Q21b: How often are these costs reasonable? Would you say never, sometimes, usually, always?

Response choices for the above question are "Never," "Sometimes," "Usually," "Always," "No out

of pocket costs," "Don't know," and "Refused."

K3Q22: Does [child]'s health insurance allow (him/her) to see the health care providers (he/she) needs? Would you say never, sometimes, usually, always?

Response choices for the above question are "Never," "Sometimes," "Usually," "Always," "Don't know," and "Refused."

## Rationale

Even children with health insurance may have unmet health care needs. Having adequate coverage is important for all children, but particularly so for those living with illness or identified as having special health care needs. Without adequate coverage, missed services and treatment can delay or inhibit receipt of needed health care. Children whose current insurance is inadequate are less likely to be in excellent or very good health compared with those who have adequate insurance (80.5% vs. 86.2%).

This measure has been used to identify areas of care such as mental health which are severely impacted by insurance that does not cover specialist services. This measure also can identify children who are insured but lack the benefits and coverage to be provided with adequate health care. Therefore, rather than seeing insurance as insured or uninsured, it describes the level of coverage provided to an insured child.

Children who have inadequate current insurance coverage ranges across states from 18.1% of currently insured children in Vermont to 27.5% of currently insured children in Florida.

There is also a performance gap among privately versus publicly insured children. Nationally, 17.9% of current publicly insured children do not have adequate coverage; 27.1% of current privately insured children do not have adequate coverage.

## Evidence for Rationale

Child and Adolescent Health Measurement Initiative (CAHMI). National Quality Measures Clearinghouse (NQMC) measure submission form: health insurance coverage: percentage of children who do not meet the criteria for having adequate insurance for optimal health. 2013 Mar. 14 p.

## Primary Health Components

Inadequate insurance coverage; children

## Denominator Description

Children age 0-17 living in the United States who are currently insured, for whom a 2011-12 National Survey of Children's Health (NSCH) was completed (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Children from the denominator who do not meet the criteria for having adequate insurance for optimal health. To meet the criteria for having adequate health insurance, parents must have responded "Usually" or "Always" to the following questions on the 2011-12 National Survey of Children's Health (NSCH):

K3Q20: Does [child]'s health insurance offer benefits or cover services that meet (his/her) needs?

K3Q21a: Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [child]'s health care?

K3Q21b: How often are these costs reasonable? Would you say never, sometimes, usually, always?  
K3Q22: Does [child]'s health insurance allow (him/her) to see the health care providers (he/she) needs? Would you say never, sometimes, usually, always?

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

- Nationally, 23.5% of children age 0-17 years have health insurance that is inadequate for optimal health.
- 29.2% of children with special health care needs (CSHCN) and 22.1% of non-CSHCN have health insurance that is not adequate for optimal health.
- 27.1% of children with private insurance and 17.9% of children with public insurance have health insurance that is not adequate for optimal health.
- 19.3% of 0-5 year olds, 24.3% of 6-11 year olds and 26.8% of 12-17 year olds have health insurance that is not adequate for optimal health.

### Evidence for Additional Information Supporting Need for the Measure

The National Survey of Children's Health. [internet]. Baltimore (MD): Child and Adolescent Health Measurement Initiative (CAHMI); [accessed 2013 Dec 20]. [1 p].

### Extent of Measure Testing

The National Center for Health Statistics (NCHS) conducted testing of the 2011-12 National Survey of Children's Health (NSCH) Computer-Assisted Telephone Interview (CATI) to make sure the entire survey instrument was functioning properly. A total of 95,677 surveys were completed nationally for children between the ages of 0 and 17 years. The questionnaire was then revised and finalized based on feedback from participants in these interviews.

The Maternal and Child Health Bureau leads the development of the NSCH and National Survey of Children with Special Health Care Needs (NS-CSHCN) survey and indicators, in collaboration with the NCHS and a national technical expert panel. The expert panel includes representatives from other federal agencies, state Title V leaders, family organizations, and child health researchers, and experts in all fields related to the surveys (adolescent health, family and neighborhoods, early childhood and development, etc.). Previously validated questions and scales are used when available. Extensive literature reviewing and expert reviewing of items is conducted for all aspects of the survey. Respondents' cognitive understanding of the survey questions is assessed during the pretest phase and revisions made as required. All final data components are verified by NCHS and Data Resource Center/Child and Adolescent Health Measurement Initiative (DRC/CAHMI) staff prior to public release. Face validity is conducted in comparing results with prior years of the survey and/or results from other implementations of items. No specific reliability results are available for this measure.

# Evidence for Extent of Measure Testing

Blumberg SJ, Foster EB, Frasier AM, Satorius J, Skalland BJ, Nysse-Carris KL, Morrison HM, Chowdhury SR, O'Connor KS. Design and operation of the National Survey of Children's Health, 2007. Vital Health Stat 1. 2012 Jun;(55):1-149. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). National Quality Measures Clearinghouse (NQMC) measure submission form: health insurance coverage: percentage of children who do not meet the criteria for having adequate insurance for optimal health. 2013 Mar. 14 p.

Section 3: insurance coverage. In: Summary of 2007 NSCH pretest results. Baltimore (MD): Child and Adolescent Health Measurement Initiative (CAHMI); p. 6.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

National Public Health Programs

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

State/Provincial

### Statement of Acceptable Minimum Sample Size

Unspecified

### Target Population Age

Age less than or equal to 17 years

### Target Population Gender

Either male or female

## National Framework for Public Health Quality

### Public Health Aims for Quality

Population-centered

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Healthy People/Healthy Communities

### National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Getting Better

Living with Illness

Staying Healthy

### IOM Domain

Effectiveness

Equity

Patient-centeredness

## Data Collection for the Measure

### Case Finding Period

Unspecified

## Denominator Sampling Frame

Geographically defined

## Denominator (Index) Event or Characteristic

Geographic Location

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

Inclusions

Children age 0-17 living in the United States who are currently\* insured, for whom a 2011-12 National Survey of Children's Health (NSCH) was completed

\*Coverage by insurance must be current as of interview time point.

Exclusions

Unspecified

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

Children from the denominator who do not meet the criteria for having adequate insurance for optimal health. To meet the criteria for having adequate health insurance, parents must have responded "Usually" or "Always" to the following questions on the 2011-12 National Survey of Children's Health (NSCH):

K3Q20: Does [child]'s health insurance offer benefits or cover services that meet (his/her) needs?

K3Q21a: Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [child]'s health care?

K3Q21b: How often are these costs reasonable? Would you say never, sometimes, usually, always?

K3Q22: Does [child]'s health insurance allow (him/her) to see the health care providers (he/she) needs? Would you say never, sometimes, usually, always?

Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Patient/Individual survey

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

2011-12 National Survey of Children's Health (NSCH)

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

### Scoring

Composite/Scale

### Interpretation of Score

Desired value is a lower score

### Allowance for Patient or Population Factors

not defined yet

### Description of Allowance for Patient or Population Factors

This measure, administered in its most recent form (in the 2011-12 National Survey of Children's Health [NSCH]), includes a number of child demographic variables that allow for stratification of the findings by possible vulnerability:

- Age
- Gender
- Geographic location
- Race/ethnicity
- Health insurance - status, type, consistency, adequacy
- Primary household language
- Household income
- Special Health Care Needs - status and type
- Family structure
- Emotional, behavioral or developmental issues
- Presence of a medical home

### Standard of Comparison

not defined yet

# Identifying Information

## Original Title

Children who have inadequate insurance for optimal health.

## Measure Collection Name

2011/12 National Survey of Children's Health

## Submitter

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

## Developer

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Maternal and Child Health Bureau of the Health Resources and Service Administration - Federal Government Agency [U.S.]

National Center for Health Statistics of the Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

## Funding Source(s)

Maternal and Child Health Bureau of the Health Resources and Service Administration

## Composition of the Group that Developed the Measure

External (non-governmental) technical expert panel members (2006): Paul Newacheck, DrPH, MPP (Chairperson) (University of California, San Francisco); Maja Altarac, MD, PhD (University of Alabama at Birmingham); Christina Bethell, PhD, MBA, MPH (Oregon Health and Science University); Neal Halfon, MD (University of California, Los Angeles); William Hollinshead, MD (Rhode Island Department of Health); Charles Irwin, MD (University of California, San Francisco); Jeffrey Lobas, MD, MPA (Iowa Child Health Specialty Clinics); Kristin Anderson Moore, PhD (Child Trends); Lynn Olson, PhD (American Academy of Pediatrics); Edward Schor, MD (The Commonwealth Fund); Judith Shaw, EdD, MPH, RN (University of Vermont)

## Financial Disclosures/Other Potential Conflicts of Interest

The Child and Adolescent Health Measurement Initiative is partially supported by Cooperative Agreement 1-U59MC27866 from the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration, U.S. Department of Health and Human Services. No conflicts of interest exist.

## Adaptation

This measure was not adapted from another source.



## Date of Most Current Version in NQMC

2013 Apr

## Measure Maintenance

Every 4 years

## Date of Next Anticipated Revision

No changes anticipated.

## Measure Status

This is the current release of the measure.

This measure updates a previous version: National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2007. 112 p.

The measure developer reaffirmed the currency of this measure in October 2015.

## Measure Availability

Source available from the [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics Web site](#) .

For more information, contact CAHMI at 615 North Wolfe Street, Room E4640, Baltimore, MD 21205; Phone: 410-955-1848; Fax: 503-494-2473; E-mail: [info@cahmi.org](mailto:info@cahmi.org); Web site: [www.cahmi.org](http://www.cahmi.org)

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## Companion Documents

The following are available:

Blumberg SJ, Foster EB, Frasier AM, Satorius J, Skalland BJ, Nysse-Carris KL, Morrison HM, Chowdhury SR, O'Connor KS. Design and operation of the National Survey of Children's Health, 2007. Vital Health Stat 1. 2012 Jun;(55):1-149. This document is available from the [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics Web site](#) .

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. 2011-2012 National Survey of Children's Health state and local area integrated telephone survey: frequently asked questions. Atlanta (GA): Centers for Disease Control and Prevention; 2013 Apr. 8 p. This document is available from the [CDC National Center for Health Statistics Web site](#) .

Child and Adolescent Health Measurement Initiative (CAHMI). 2011-2012 National Survey of Children's Health. SPSS code for data users: child health indicators and subgroups, version 1.0. Baltimore (MD): Data Resource Center for Child and Adolescent Health; 2013 Apr. 201 p. This document is available from the [Data Resource Center for Child and Adolescent Health Web site](#) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on October 13, 2011. The information was verified by the measure developer on November 3, 2011.

This NQMC summary was updated by ECRI Institute on May 13, 2014. The information was verified by the measure developer on June 18, 2014.

The information was reaffirmed by the measure developer on October 27, 2015.

## Copyright Statement

No copyright restrictions apply.

## Production

## Source(s)

2011/12 National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2012. 126 p.

## Disclaimer

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